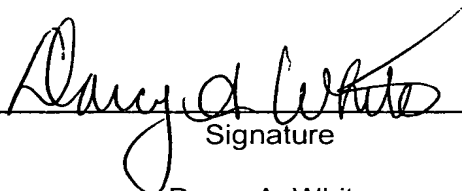


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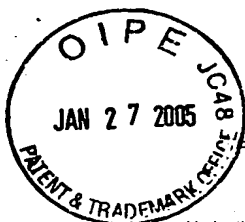
Signature
Darcy A. White

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Application No: 10/645,281
Filing Date: August 21, 2003
Title: Non-Aqueous Release From Paper Machine Equipment
Attorney Docket: 10159-RE (HPC-100US)

- Transmittal Form
- Petition For One Month Extension Of Time
- Fee Transmittal
- Amendment and Response to September 24, 2004 Non-Final OA
- Receipt Card



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PTO/SB/21(08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/645,281	
	Filing Date	August 21, 2003	
	First Named Inventor	Jacqueline K. Pease	
	Group Art Unit	1731	
	Examiner Name	Peter Chin	
Total Number of Pages in This Submission	9	Attorney Docket Number	10159-RE (HPC-100US)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request 1 month <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Certificate of Mailing• Receipt Card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas R. Mancini, Reg. 50,157
Signature	
Date	January 24, 2005

CERTIFICATE OF MAILING

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Typed or printed name	Darcy A. White		
Signature		Date	January 24, 2005

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FREE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.

☐ Apply for small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

Complete if Known

Application Number	10/645,281
Filing Date	August 21, 2003
First Named Inventor	Jacqueline K. Pease
Examiner Name	Peter Chin
Group / Art Unit	1731
Attorney Docket No.	10159-RE (HPC-100US)

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

 Deposit
Account
Number

501447

 Deposit
Account
Name

Potter Anderson & Corroon LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION
1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	1000	201	500	Utility filing fee	
106	430	206	215	Design filing fee	
107	660	207	330	Plant filing fee	
108	1400	208	700	Reissue filing fee	
114	200	214	100	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES

Total Claims		-20	=	Extra Claims	0	X	Fee from below	50	=	Fee Paid	0
Independent Claims		-3	=			X	200			0	
Multiple Dependent	<input type="checkbox"/>					X	360			0	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	50	203	25	Claims in excess of 20
102	200	202	100	Independent claims in excess of 3
104	360	204	180	Multiple dependent claim, if not paid
109	200	209	100	** Reissue independent claims over original patent
110	50	210	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)
3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	120	215	60	Extension for reply within first month	120.00
116	450	216	225	Extension for reply within second month	
117	1020	217	510	Extension for reply within third month	
118	1,590	218	795	Extension for reply within fourth month	
128	2,160	228	1,080	Extension for reply within fifth month	
119	500	219	250	Notice of Appeal	
120	500	220	250	Filing a brief in support of an appeal	
121	1000	221	500	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	500	240	250	Petition to revive - unavoidable	
141	1,500	241	750	Petition to revive - unintentional	
142	1,400	242	700	Utility issue fee (or reissue)	
143	800	243	400	Design issue fee	
144	100	244	550	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
179	790	279	395	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____


*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 120.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas R. Mancini	Registration No. Attorney/Agent	50,157	Telephone	(302) 984-6127
Signature				Date	January 24, 2005

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